Questionnaire

Customer Service Representative

This document <u>must be completed</u> and submitted with your application for you to be considered for this position.

Specifically list the **years or months** *experience* in the following: (All responses must relate to the information on your resume and application)

Clerical Experience Customer Service Experience			Yes	No	Years	Months
			Yes	No	Years	
			iblic Health A ith this agency		Yes	_ No
- Explain:			stomers/Clien			_ No
<u>Microsoft</u>	Word Excel Access	Yes	_ No _ No _ No	Years	Months _ Months _ Months	
Crystal Reports		Yes	_ No	Years	Months	